U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



1 73 2 4

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U /0585	2 Fiscal Year Covered From
	01 / 01 / 04 Through 12 / 31 / 04
3 Name and address of person filing	4 Name file number and address of labor organization
News Towns Mouley	Name Pipe Fitters Local Union No 211
Name James Taylor	Name Tipe Tibotto 2002
	Labor Organization File Number 039301
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 2535 Old Galveston Road	Street 2535 Old Galveston Raod
City Houston	City Houston
State Texas ZIP Code+4 77017	State Texas ZIP Code +4 77017
5 Position in labor organization Financial Secretary	
Enter appropriate data below if during the past fiscal year, you or your spe (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions)
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizate	derived income or other economic benefit of
I monetary rates mont an employer uniose employees your organizar	out tebreseites of its actively seeking to represent
	7 a. Nature of Interest, Transaction or Income
6 Name and address of Employer (including trade name, if any) Name	7 a. Nature of Interest, Transaction or Income
6 Name and address of Employer (including trade name, if any)	7 a. Nature of Interest, Transaction or Income
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6 Name and address of Employer (including trade name, if any) Name Trade Name if any: P O Box, Bldg Room No if any:	7 a. Nature of Interest, Transaction or Income 7 b. Amount.
6 Name and address of Employer (including trade name, if any) Name Trade Name if any	
6 Name and address of Employer (including trade name, if any) Name Trade Name if any P O Box, Bldg Room No if any Street	
6 Name and address of Employer (including trade name, if any) Name Trade Name if any: P O Box, Bldg Room No if any:	
Name and address of Employer (including trade name, if any) Name Trade Name if any: P O Box, Bldg Room No if any: Street City	
6 Name and address of Employer (including trade name, if any) Name Trade Name if any P O Box, Bldg Room No if any Street	7 b. Amount.
6 Name and address of Employer (including trade name, if any) Name Trade Name if any: P O Box, Bldg Room No if any: Street City State ZIP Code + 4	
6 Name and address of Employer (including trade name, if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares under penalty of	7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law that all of the information up of documents) has been examined by the signatory and is, to the best of the
Name and address of Employer (including trade name, if any) Name Trade Name if any: P O Box, Bldg Room No if any: Street City State ZiP Code + 4 Sign 15 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct and complete (See the see	7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law that all of the information up of documents) has been examined by the signatory and is, to the best of the
Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct and complete. (See the see	7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law that all of the information ring documents) has been examined by the signatory and is to the best of the ction on penalties in the instructions)
Name and address of Employer (including trade name, if any) Name Trade Name if any: P O Box, Bldg Room No if any: Street City State ZiP Code + 4 Sign 15 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct and complete (See the see	7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law that all of the information up of documents) has been examined by the signatory and is, to the best of the
Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct and complete. (See the see	7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law that all of the information ring documents) has been examined by the signatory and is to the best of the ction on penalties in the instructions On 8/15/05 (713) 644-5521

(including trade name if any)		••	
Name			
Trade Name if any			
PO Box Bldg Room No if any			
Street			
City			
State	ZIP Code + 4		
13 b Is the Business an Employer	or Consultant	?	14 b Amount of payment.
			

Name of Person Filing James Taylor, 18 4	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name Zenith Administrators, Inc	₃ a Labor Organization		
Trade Name if any	b Trust		
P O Box Bidg Room No If any	c Employer		
Street 9555 W Sam Houston Pkwy S #400			
State ZIP Code + 4 Texas 77099			
10 If 9 b or 9 c. is checked give trust or employer's name.	11 a Nature of such dealing		
Name	Administers working wage assessment for local union by collecting		
Trade Name if any PO Box, Bidg Room No if any	assessments from contractors and then remitting monies to local's bank		
Street	11 b Approximate dollar value of such dealing		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Paid expenses for day hunt at Menard, Texas on December 15, 2004 Accompanied by Zenith staff		
	12 b Amount \$45 49		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name			
Trade Name if any			
PO Box Bldg Room No If any			
Street			
City			

14 b Amount of payment

ZIP Code + 4

or Consultant

?

13 b Is the Business an Employer

State